Name in Full E. Grant - Bailey

Certificate of Death

Died at Town Snow County Wor. MARYLAND

Date ~~1900~~ 1900 Month Jan Day 9 Age Y. 29 M. D. Native of Md Occupation Merchant

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Joseph Bailey Mother's Name Mary Bailey

Cause of Death Primary 44 How long sick 2 mnks

Immediate Paralysis Accident, Suicide, Homicide

Reported by Burbage & Conner Undertakers

Address Snow Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Attended by Dr. Dr. Paul Jones
of Snow Hill Md

~~Seen by Coroner~~
of

Information contained in this certificate received from Wm Pettitte
of Snow Hill Md

Name In Full

Sally Mary Bishop

Certificate of Death

Died at Town: Box Iron County: Worcester MARYLAND

Date ~~189~~ 1900 Month 1 Day 2 Age Y. 29. M. 5. D. Native of Maryland Occupation Servant

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name James Bishop

Mother's Name Lavy. Annie. Bishop

Cause of Death: Primary Child Birth 118 How long sick Two days.

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by C. H. Bennum M.D.

Address Gudletree Worcester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full

Certificate of Death

Joseph Clayton Chatham

Died at Town Worcester County MARYLAND

Date 19 Month 1 Day 22 | Age Y. 78 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name Joseph Clayton Chatham

Mother's Maiden Name ~~Unknown~~

Cause of Death { Primary Pneumonia 72 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Advocate 1-27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 20688

Name In Full

Josephus Chatham

Certificate of Death

Died at Town County Worcester MARYLAND

Data 1900 Month 1 Day 25 Aga Y. 5-8 M. D. | Native of | Occupation

Mala ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 10

Husband of Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary Pneumonia 72 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Advocate 1-27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name In Full Mary Conquest

Certificate of Death

Died at Town Near Pocomoke County Worcester MARYLAND

Date ~~189~~ 1900 Month 1 Day 9 Age Y. 40 M. D. Native of Maryland Occupation House wife

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living None

Husband of Wife E. H. Conquest

Father's Name Geo. D. C. Bayne Mother's Name Sallie Bayne

Cause of Death Primary Cancer How long sick about 2 years

Immediate 25 g Accident, Suicide, Homicide

Reported by C. F. Hurgis

Address Pocomoke

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full: Mrs S. Jane Dennis

Certificate of Death

Died at: Town: Near Pocomoke — County: Worcester — MARYLAND

Date ~~189~~ 1900 — Month: 1 — Day: 30 — Age: Y. 81 M. D. — Native of: Maryland — Occupation: Housewife

~~Male~~ Female — White ~~Colored~~ — Married ~~Single~~ — Widow ~~Widower~~ — Divorced — Number of children living: one

Husband / Wife of: John N Dennis

Father's Name: De Holland — Mother's Name: Dont Know

Cause of Death — Primary: General Debility — How long sick: 2 months

Immediate: 141 — Accident, Suicide, Homicide

Reported by: C. F. Hanger

Address: Pocomoke City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full Eda Hearn

Certificate of Death

Town Pocomoke City County Worcester MARYLAND

Died at Pocomoke City Worcester MARYLAND

Date 1901 Month Jan Day 26 | Age Y. 102 M. x D. x | Native of Maryland | Occupation

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living 2

~~Husband~~ Wife of Stephen Hearne

Father's Name Unknown

Mother's Name unknown to any one living

Cause of Death: Primary Old Age — How long sick 3 weeks

Immediate Gangrene 191

~~Accident, Suicide, Homicide~~

Reported by John Dennis Undertaker

Address Pocomoke City Md Worcester Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

no Doctor in attend
ance

Name In Full

Certificate of Death

Alice I. Hinman

Died at Town: Snow Hill County: Wor. MARYLAND

Date ~~1899~~ 1900 Month: Jan Day: 9

Age Y. 9 M. D.

Native of Md

~~Occupation~~

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Chas. Hinman

Mother's Name Alice Hinman

Cause of Death — Primary: Gastro Enteritis — How long sick

Immediate — Accident, Suicide, Homicide

82

Reported by Burbage & Hinman Undertakers

Address Snow Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Attended by Dr. Paul Jones
of Snow Hill Md

Seen by Coroner _____
of _____

Information contained in this certificate received from Mrs Alice Lemmon
of Snow Hill Md

Name In Full | Certificate of Death

Edward J. Mariner

~~Died at~~ near Town Snow Hill County Worcester MARYLAND

~~Date 1900~~ 1900 Month January Day 5 | Age Y. 76 M. 4 D. 21 | Native of Maryland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 7

Husband of Wife Sarah E. Mariner

Father's Name James Mariner | Mother's Name Leah Mariner

Cause of Death: Primary Pneumonia 72 | How long sick 9 days

Immediate Heart failure | ~~Accident, Suicide, Homicide~~

Reported by John S. Hydelotte M.D.

Address Snow Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full — Certificate of Death

Virginia H. Melvin

Died at — Town: Near Pownock — County: Worcester — MARYLAND

Date 1900 — Month: Jan — Day: 31 — Age Y. 54 M. D. — Native of: Maryland — Occupation: House wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife: Wm W Melvin

Father's Name: Major Jones — Mother's Name: Elizabeth A Jones

Cause of Death — Primary: Heart Trouble 57 — How long sick: Short time

Immediate — Accident, Suicide, Homicide

Reported by: Emerson Jones Bro of Dead

Address: Pownock Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79885

Attended by Dr. None in attendance

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full Isaac Mumford

Certificate of Death

Died at Town Berlin County Worcester MARYLAND

Date ~~182~~ 1900 Month 1 Day 12 | Age Y. M. D. About 25 | Native of Md | Occupation Farmer

Male ~~White~~ ~~Married~~ ~~Widow~~ Divorced

~~Female~~ Colored Single ~~Widower~~ Number of children living

~~Husband~~ of ~~Wife~~

Father's Name Henry Mumford

Mother's Name Kate Mumford

Cause of Death: Primary Pleuro Pneumonia

Immediate Collapse 71

How long sick

~~Accident, Suicide, Homicide~~

Reported by Ebe Holland

Address Berlin Md.

Must be signed by physician, if any in attendance, other [illegible] coroner, undertaker or minister.

LIBRARY BUREAU, 79898

C. J. E

Name in Full Elizabeth Owens

Certificate of Death

Died at Town Berlin County Worcester MARYLAND

Date 18[illegible] Month 1 Day 22 | Age Y. 88 M. D. | Native of Md. | Occupation None

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single Widower ~~Number of children living~~

~~Husband~~ Wife of Samuel Owens

~~Father's Name~~ ~~Mother's Name~~

Cause of Death: Primary Old Age. 141 | How long sick Only a few days

Immediate Heart failure | ~~Accident, Suicide, Homicide~~

Reported by Eve Holland

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Ella Lee Purnell

Certificate of Death

Died at Town: Snow Hill County: Worcester MARYLAND

Date ~~19~~ 1900 Month 1 Day 9 | Age Y. 38 M. 7 D. 20 | Native of Md | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of ~~Wife~~

Father's Name Jno M Purnell

Mother's Name Sarah Purnell

Cause of Death: Primary Heart failure

Immediate 1556

How long sick 2 weeks

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by C. P. Jones MD

Address Snow Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full: Miss Maria Revel

Certificate of Death

Died at: Town: Berlin County: Worcester MARYLAND

Date: 1900 Month: Jy Day: 13 | Age: Y. 81 M. D. | Native of: Berlin | Occupation: Matron

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife: ——

Father's Name: —— Mother's Name: ——

Cause of Death: Primary: Pneumonia 72 | How long sick: 6 days

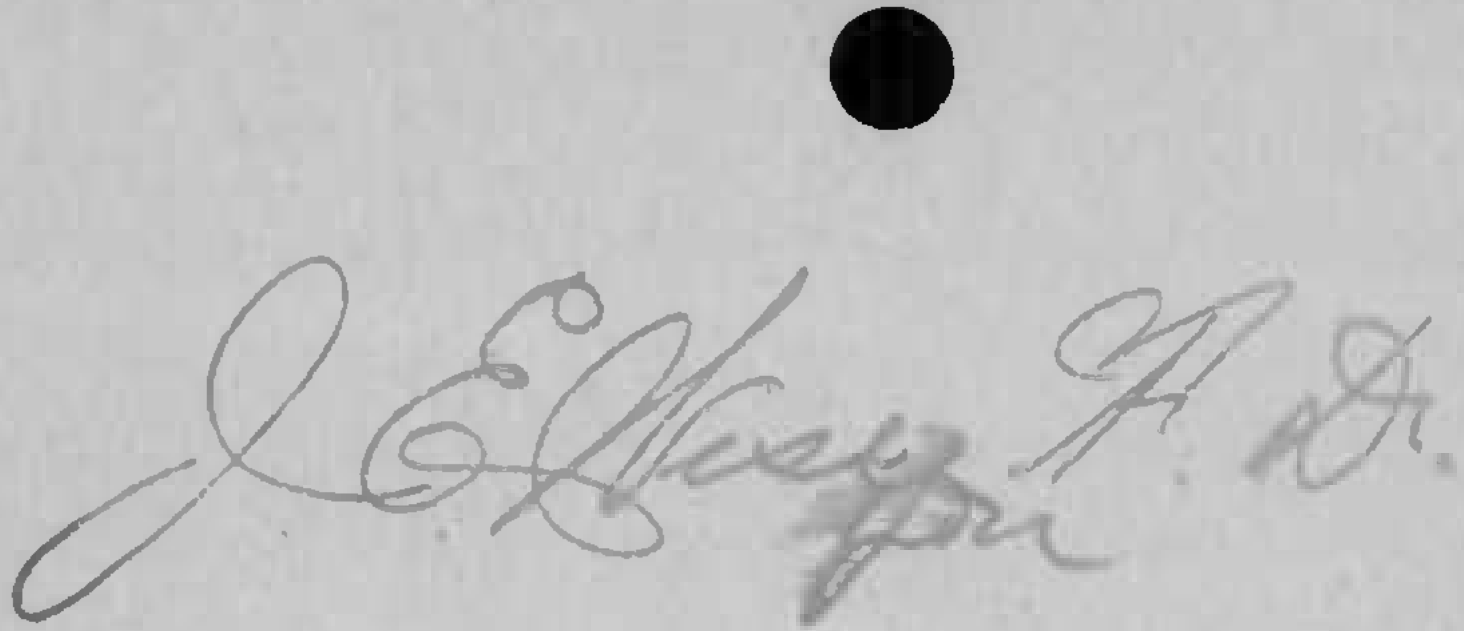
Immediate: " | Accident, Suicide, Homicide

Reported by: Miss Katie Hammond

Address: Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899



Name in Full: Parker Ruask

Certificate of Death

Died at: near pine grove (Town) Wor. (County) MARYLAND

Date 1900 Month Jan Day 1 | Age Y. 91 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living 3

Husband of Wife

Father's Name: Seth Ruask

Mother's Name: Sallie Ruask

Cause of Death: Primary 141 | How long sick

Immediate: Oldage | ~~Accident, Suicide, Homicide~~

Reported by: Burbage & Cannon Undertakers

Address: J Snow Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from L. Quark

of _____

Name in Full

Mrs Sally Scott

Certificate of Death

Town: Ocean City — County: Worcester — MARYLAND

Died at

Date	Month / Day	Age Y.	M.	D.	Native of	Occupation
~~No~~ 1900	1 - 17	30	+ 7		Berlin Md	Housewife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / Widower — ~~Divorced~~

Number of children living 2.

~~Husband~~ / Wife of Harry Scott

Father's Name: John P. Quinn

Mother's Name: Unknown

Cause of Death — Primary: Enteritis — Immediate: Enteritis — 83

How long sick: 5 days

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Edwin J Duncan MD

Address: Berlin Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. H G Driscoll

of Berlin Mass

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

C J E

Name in Full

Certificate of Death

Mrs. Sallie E. Slocomb

Died at Town near Beaver Dam County Worcester. MARYLAND

Date 19 00 | Month 1 Day 23 | Age Y. 73 M. — D. — | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living

~~Husband~~ Wife of Thomas Slocomb

Father's Name

Mother's Maiden Name

Cause of Death: Primary 141 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Vicomico Funs

Address 1 — 1

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70888

Name in Full

Ellen Smack

Certificate of Death

Died ~~at~~ Town Near Ocean City County Worcester MARYLAND

Date ~~189~~ 1900 Month 1 Day 10 Age Y. 68 M. 6 D. 26 Native of Md Occupation —

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

~~Husband~~ Wife of Thomas Smack,

Father's Name Zadok Powell Mother's Name Nancy Powell

Cause of Death Primary Indigestion 153 How long sick 6 months

Immediate Prostration Accident, Suicide, ~~Homicide~~

Reported by C. J. Evans F.D.

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70[illegible]

Name in Full

Certificate of Death

Stephen Stevenson

Town: Pocomoke | County: Worcester | MARYLAND

Died at Pocomoke

Date 1900 Month: Jan Day: 26 | Age Y. 43 M. D. | Native of Pocomoke | Occupation Carpenter

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife Julia Stevenson

Father's Name James Stevenson | Mother's Name Eliza Stevenson

Cause of Death: Primary in Said | How long sick 2 years.

Immediate 161 | ~~Accident, Suicide, Homicide~~

Reported by H. G. Ballard Pocomoke Md.

Address Pocomoke City Worcester Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Attended by Dr. No Doctor

of

Seen by Coroner

of

Information contained in this certificate received

from J. J. Ballard and Bro.

of Pocomoke City

Name in Full Kendol D. Taylor

Certificate of Death

Died at Town Berlin County Worcester MARYLAND

Date ~~189~~ 1900 Month 1 Day 4 Age Y. 71 M. D. Native of Md Occupation Merchant

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of Wife Mary E Taylor

Father's Name — Mother's Name —

Cause of Death Primary Old age 141 How long sick Old [illegible]

Immediate Old age ~~Accident, Suicide, Homicide~~

Reported by Ebert Holland

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full | Certificate of Death

Martin Williams

Town | County

~~Died at~~ near Snow Hill Worcester MARYLAND

Date ~~1900~~ 1900 Month January Day 8th | Age Y. 12 M. D. | Native of Maryland | Occupation Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Williams | Mother's Name Ella Hickman

1520

Cause of Death: Primary Acute Traumatic Gangrene | How long sick 4 days

Immediate Intensity of inflamatory action | Accident, ~~Suicide, Homicide~~

Reported by Dr. John S. Hydelotte

Address Snow Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____